16 JUN 1972

MEMORANDUM FOR: Deputy Director for Support

SUBJECT : Efforts in the Prevention of Coronary Artery Disease

REFERENCES : (a) Copy of Extract from DCI Morning Meeting Minutes of 2 June

(b) Note to DCI from Assistant to the Director [redacted] re Weight Watchers Club

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(c) Memorandum to Executive Director-Comptroller from Chief, ADP Training Staff, OCS, Subj: Resource One, dated 7 June 1972

1. The medical condition called coronary artery disease is not simple. A great deal is known about the subject; much remains to be learned. While medical knowledge is incomplete, the situation is not hopeless. There is reasonable evidence, based on reasonable assumptions, indicating that the incidence of coronary artery disease is subject to modification. The Office of Medical Services recognizes that cardiovascular disease is the number one offender in the life and health of our nation. It is the disease complex on which we concentrate the most energy, particularly in preventive measures.

2. In considering any medical phenomenum in our Agency, it is helpful to keep in mind that the care of our people is primarily a private matter. The Agency Medical Program is an adjunct to this fundamental arrangement. We are not like the military where total medical service is available, and where complete medical data is internal and medical controls are inherent in the command structure. Our arrangement is also unlike the relationship between the civilian employee and his private physician. It is not our mission to be the exclusive medical agent for our people.

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While our mission is limited, we are of influence. The effectiveness of this influence depends on several factors -- some professional and some inherent in the Agency's structure and function. We have expended and continue to expend considerable energy encouraging certain measures favorable and discouraging others unfavorable to cardiovascular disease.

3. It would be helpful if our Medical Office could quantitively measure its accomplishments. Leaving out for the moment the difficulty in sorting out the relative contributions of the private physician, the employee and ourselves, there is a great amount of data that could be assembled but is as yet unavailable. Our recently submitted program plans reflect our needs to get a better handle on such measurements of disease incidence and change. Without measurements, it is difficult to state specifically where we are and where we are going. It is hoped that Agency management will share these views and support our efforts in this direction.

4. Our observations to date therefore reflect essentially our day-by-day experiences. Based on these, it is our belief that cardiovascular disease is the number one offender in the Agency as in the nation. This perception has developed over the years and has caused us to develop a variety of resources and approaches to the problem.

On the surface, an increase in cases of coronary artery disease since the first of the year might seem to indicate that our efforts have not been too successful. This however is debatable. Similar reasoning in December of 1971 might have led to a quite different conclusion. At that time we had a situation where the leading cause of death in the Agency for three consecutive years was something other than heart disease. This was really an unusual statistical finding since at any given time in any sizeable group heart disease is customarily the leading cause of death. Moreover, since 1965 the trend of the crude death rate for the Agency had been declining. The increase in coronary artery disease cases early this year may therefore suggest a variety of explanations. It requires study and accessory data to interpret the surface developments.

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5. While we may be uncertain as to the interpretations of these experiences we are confident in our professional abilities and our clinical approach to the problem of cardiovascular disease. We believe that our staff and consultant capabilities together with our technical resources compare favorably with advanced medical programs in this area. Our views are reinforced by the comments of participants in our annual Executive Program and by the observations made by respected members of the medical profession who visit us from time to time.

6. There are however two general areas where we think more can be done. The first of these relates to the extent of our services; the second relates to the cooperation of the participants.

a. Services:

At present we are able to offer our examination services on only a limited basis to the Agency. Our submitted program plans call for extending these services eventually to provide examination opportunities to all personnel on some periodic basis. There are many problems associated with this objective and it will not be accomplished overnight. We need the support of Agency management to move in the planned direction.

b. Participants:

Medicine to be effective must be taken. Our prescriptions at times are not the most attractive. The prescribed formula to lessen the risk of heart disease in an individual is to (1) stop smoking, (2) remain slim, (3) eat a diet low in saturated fats, (4) get regular exercise, (5) drink moderately -- if at all, and (6) get proper rest. (It is also helpful if you are female and if you have ancestors who were free of cardiovascular disease.) This is not the easiest prescription to follow in our land of ease and abundance. The temptations not to follow it are great and of daily occurrence. One of the major problems in medicine is securing the cooperation of the patient. Education is helpful in this respect and we hope to devote more time to this in the future. Attached is a proposed Agency medical newsletter that may contribute to such purpose. (This is an early draft of a document for

which changes have already been suggested. The final draft will, it is planned, be presented at a Deputies Meeting.) Other education measures are also possible depending on our resources.

7. There are a variety of ongoing efforts in the field of medicine exploring the modification of human behavior for health purposes. Some of these may be attempted in the Agency as we move along with our Program. But while it is often helpful through various group efforts to stop smoking -- or lose weight, or abstain from alcohol, or get adequate exercise -- the name of the game in decreasing cardiovascular disease risk is to do all of these things and more. To the extent that certain individuals need to concentrate on one particular aspect of the prescription, specific group efforts may be indicated.

8. One other observation is pertinent. The data base that we have identified and projected in our program plans as desirable may also serve a wider purpose. There is reason to believe that our medical experiences properly organized and analyzed might contribute to a better scientific understanding of the basic cardiovascular disease process. In this however our own people would still be the first beneficiaries.

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Director of Medical Services

Attachment